

## CITY OF DUBLIN APPLICATION FOR EMPLOYMENT

City of Dublin 100 Civic Plaza Dublin, CA 94568

INSTRUCTIONS:  1. Please type or print clearly in ink. 2. Answer all questions completely and accurately. 3. Incomplete or illegible applications will not be considered. 4. Incorrect or false statements are cause for rejection or dismissal. 5. Be specific when listing information that meets the job requirements.					From what source did you learn of this position?  Newspaper (Name) Personal inquiry Jobs Available publication Job bulletin at Other						
Application for: (Please give exact position title)			Salary desire	ed:	E-mail address:						
Applicant's Last Name:			Applicant's	applicant's First Name: M.I. Da				Date Ava	ate Available		
Present Street Address:			City: St				State:	Zip C	ode:		
Home Telephone Number : ( )				one Number: Pager or Cellph			lphone Nu	one Number:			
Driver's License Number: Class: Expiration Date: Typing Speed:											
What office equipment can y	you operate?								<del> </del>		
Place an "X" in the box of each computer program you have experience in using: Word											
Education: Nan  Highest Grade Completed  High School College Graduate			me and Location of High School:			Yes	you grac No		GED		
1 2 3 4 1 2 3 HIGHER EDUCATION	3 4 1 2	3 4 SCHOOL/LOO	CATION		DEGRE	EE/MAJ	OR		TE CO	]	
Junior College											
College											
Post Graduate											
Business or Trade School											

EMPLOYMENT HISTORY –The following sections must be filled out completely, and signed. DO NOT attach a resume as a substitute. Begin with present or most recent experience and account for ALL time during the past 10 years. Use additional sheets if necessary. Voluntary non-paid experience will be accepted if job-related.

FROM:	то	TOTAL: _			Title of Your Position:	Full-Time Part-Time
		101111.	Yrs	Mos	Duties of Your Position:	Tatt Time
ADDRESS:						
CITY, STATE,	ZIP:					
SUPERVISOR NAME & TITL						
TELEPHONE:	(	)			Reasons for leaving or wanting to leave:	Number of People You Supervised:
FROM:	TO:	TOTAL:			Title of Your Position:	Full-Time Part-Time
EMPLOYER:			Yrs	Mos	Duties of Your Position:	
ADDRESS:						
CITY, STATE,	ZIP:					
SUPERVISOR NAME & TITL						
TELEPHONE:		)			Reasons for leaving or wanting to leave:	Number of People You Supervised:
FROM:	TO:	TOTAL:			Title of Your Position:	Full-Time Part-Time
EMPLOYER:		TOTAL:	Yrs	Mos	Duties of Your Position:	Tart-Time
CITY, STATE,	ZIP:					······································
SUPERVISOR NAME & TITL						
TELEPHONE:	(	)			Reasons for leaving or wanting to leave:	Number of People You Supervised:
FDOM	то	TOTAL			Title of Your Position:	Full-Time
		TOTAL:	Yrs	Mos	Duties of Your Position:	Part-Time
ADDRESS:				<del></del>		
CITY, STATE,	ZIP:					
SUPERVISOR NAME & TITL						
TELEPHONE:	(	)			Reasons for leaving or wanting to leave:	Number of People You Supervised:
MAY WE CO	NTACT YO	OUR CURRENT	Г ЕМРІ	LOYER?	P YES NO NO	

The information contained on the application is correct to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired, dismissal from employment. Further, I understand that, if hired, will be required to comply with all rules and regulations.						
Signature of Applicant:	Date:					